

Why Online Student Lists?







Welcome to TEDRS!

Use TEDRS to submit these forms and reports online:

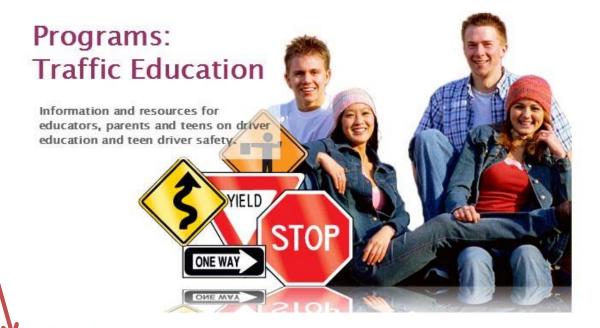
- TE01 Annual District Application Due August 1 or before TE program begins.
- TE03 Certification & TE04 Student Lists Submit to the OPI when class completes.
- TE06 Year-End Report Due before July 10 for reimbursement in August.



Getting Access to TEDRS

http://opi.mt.gov/Programs/DriverEd/

To log on to
TEDRS, click this
button on the
Traffic Education
page on the
OPI's website.



Traffic Education Data & Reporting System (TEDRS)







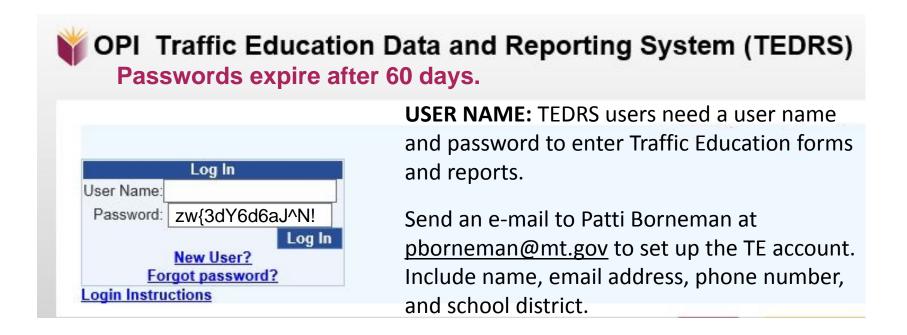
http://opi.mt.gov/Programs/DriverEd/



This is what the public sees ...



Usernames and Passwords for TEDRS



PASSWORD: Click on "Forgot Password?" to establish a password for the first time or if forgotten or expired. Go to the log In screen and enter username and email, and a temporary password will be emailed to the user.

Go to Administration/Change Password to change the temporary password to one that is easy to remember. The temporary password shown above is an example of the OPI password emailed to users. For best results, copy and paste, rather than attempting to type this password.

TE01 District Application in TEDRS

TE01 Annual District Application - Due before August 1 or before program begins.

TE programs MUST be approved before the first class starts.

Move through each of these tabs and complete each screen.

Instructor Program	Vehicles	Organization	Confirmation	Approval			
	<u>'</u>		<u> </u>				
16. Enter the start and con	npietion dates for	eacn program y	ou conduct (must be	scneduled so	each student receives	instruction on at i	east A
Program Dates: Add	d A New Program	Date					
Semester	Start [)ate	Completion	Date			
~					Update Cancel	Delete	
From Previous Year's App	lication:						
Semester Start Date Co	mpletion Date						
Second 02/22/2011 05/	/15/2011						
17. Indicate when the foll	owing will be tauq	ght: Be	efore School	During Scho	ol After Schoo	ol Summer	
Classroom]				
Behind-the-Wh	eel]				
Other]				
18. Indicate the number of	f hours of instructi	on given each s	tudent for each of the	e following (m	nust total 60 hours, 6 of	which must be BT	W)
Classroom: 0.0 Ob	servation: 0.0	Behind-the-	Wheel: 0.0	Simulation:	0.0 Other: 0.0		
19. DAYS 0	indicate the nu	mber of days of	instruction each stud	dent will recei	ive		
20. Indicate approximate	9th grade populati	on: 0					
21. How many students do	you expect to en	roll over applica	ntion period?: 0				
Save Application Print Application	Cancel						



Make sure the TE01 application is confirmed, so the OPI can approve it.

	District A	pplication
School Year: 2011 V District: Drummond H S	~	
Instructor Program Vehicles Organization	Confirmation Approval	1
STEP 1: Enter Name, E-mail and Phone. Save and Check Co	mments before you Submit.	
District Administrative Official's Name: District Clerk Name		
E-mail: DistrictClerkdhs@blackfoot.net	Phone #: (406) 662 - 5555	Date Confirmed: 4/8/2011
STEP 2: After you have checked the confirm box, you will no (406) 444-4432 if updates or changes are needed. CERTIFY that the school district Traffic Education Program	for young novice drivers will be e	stablished and maintained in
Public Instruction; rules 10.13.301-33. ARM; and Sections 20- enroll.	7-501-507, MCA; and that all eligib	le youth in the geographic b
✓ I confirm that this District Application is complete and ac	ccurate.	
Submit Application		
Save Application Cancel		
Print Application		



The TE01District Application must be approved before you can enter TE03/TE04 Student Lists

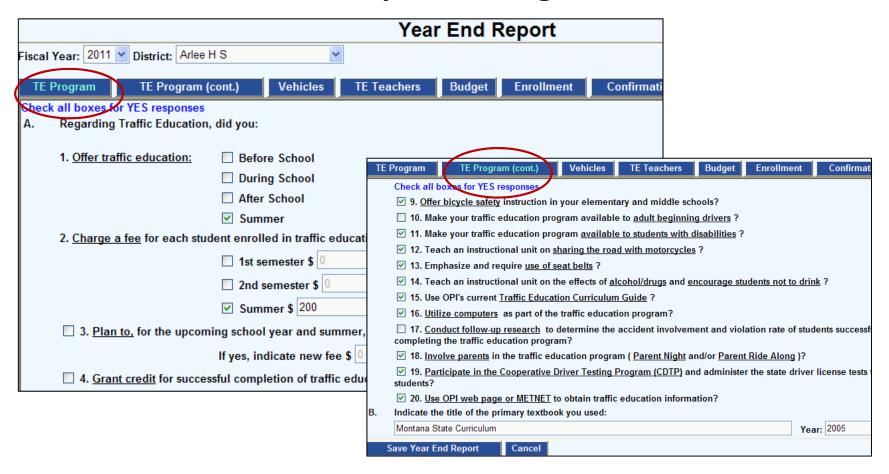
		Return to: Traffic Educa Office of Publ Denise Junea P.O. Box 2025 Helena, MT 5 www.opi.mt.g	lic Instru iu, Supe 501 9620-25	action rintendent	Traffic Educat	01 Application for Approval tion Program for Young Novice Drivers For 2014-16 School Year uding 2016 Summer Program
When copy for ATTEN for appropriate students and students and students are students and students and students and students are students and students are students and students are students are students and students are students	complete ir your re ITION: roval of in order dent driv 93 ext. 4	ed, signed and date cords. School districts mu a Traffic Education to be eligible for st ers behind-the-who 1432	st apply Progran ate reim sel (61-5	ove the traffic education program begins, a the original application to the OPI. Keep a to the Superintendent of Public Instruction, for Student Drivers before the program bursement (10.1.2.308 ARM) and to legally 1.105-108 MCA) Questions? Call (888)	District Name: Ar Mailing Address: City: Arlee Zip:	72220 Fyant Street 59821
Ins	structio	on prior to the b	eginnii	HER: The traffic education teache ng date of the program in order for). Name(s) of teacher(s) to be used	he district to be	
				TE Approval	xpires CDTI	Certified
		CARNEY, SUS	SAN M	2019		Yes
PROC	SRAM	(Check box for				
1.	☑	Consists of at leas	at sixty (6	60) hours of instruction, six (6) of which must	be driving	
1.	☑	Consists of at leas	at sixty (6	nstruction on at least 25 separate days		
1. 2. 3.	✓	Consists of at leas Each student will r The in-traffic behir	st sixty (6 receive in	nstruction on at least 25 separate days	nn 6 days, which m	
1. 2. 3. 4.	S	Consists of at leas Each student will r The in-traffic behir All students enrolls	at sixty (6 receive in ad-the-wied in the	nstruction on at least 25 separate days heel instruction is conducted over no less th course will reach their 15th birthday within	on 6 days, which m	rse completion date
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	NIZATION	TO ME TO SERVE AND THE SERVE A								enegar-				
17.	instruction on a	and completion date least 25 days.)	s for eac	h prog	ram you cor	duct: (must be sch	eduled so	o eac	h stude	ent rece	eives		
		Semester	Star	rt Da	te Co	mplet	ion Date							
		First	08/1	4/20	14	11/30	/2014							
18.	Indicate when	Classroom:	1	Ø 1	Before school	0	During sche	ool hours	Ø	After	school		Summer	
	the following will	Behind-the-V	Vheel:	0 1	Before school		During scho	ool hours	Ø	After	school		Summer	
	be taught:	Other:	1		Before school		During scho	ool hours		After	school		Summer	
19.		ber of hours of instr ours must be behin			dent will rec	eive fo	r the following	g (must b	e a m	inimun	n of 60	hours,	of which a	
		00 Behind-the-Whee		-	.00 Observ	ation:	12.00 Simu	lation:	0.00	Other:	0.00	TOTA	L HOURS:	60.00
	IFICATION	ate 9th grade populi	ation: 38	_	22. How r	nany st	eceive. BTW	u expect t	o enr	oll over	applica	tion pe	riod?: 16	
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PRINTING FORMS: Enable pop-ups for OPI sites in Chrome, Firefox and Safari if INTERNET EXPLORER is not your browser



TE06 Year-End Report – Program Data



TE06 Year-End Report - Due before July 10

to report program data and student count for reimbursement in August.



TE06 Year-End Report – Vehicle and Teacher Data

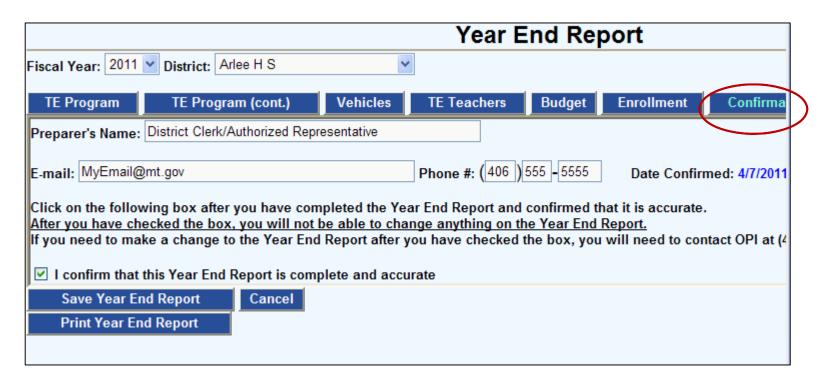
TE Program (cont.) Vehicles	TE Teachers Budget Enroll	ment Confirmation								
Check box for YES										
C. How many vehicles are used annually in your traffic educ										
D. how does the district obtain traffic education vehicles? (C	5.545									
	3. ☐ lease or rental 6. ☐ other (please specify)									
E. Was/were your district traffic education vehicle(s) inv	olved in a crash(es) during the report	ing period?								
1. Number of traffic crashes: 0										
2. Number of persons injured: 0										
3. Number of persons killed: 0										
4. Amount of property damage: \$ 0.00	TE Program TE Program (cont.)	Vehicles TE Teacher	rs Budget Enrollment Confirmation							
Save Year End Report Back	Check box for YES									
Print Year End Report	F. Indicate the number of qualified instru									
	1. 0 full-time basis G. Indicate which payment method(s) an	2. 1 part-time	basis t uses to determine traffic education instructor's salaries:							
	Payment Method(s)		summer							
	1. Hourly									
TE06 Year End Report	2. Weekly									
•	3. Monthly 4. Per Pupil									
is usually completed by	5. Portion of scheduled salary		▽							
the traffic education	6. Other									
			_							
instructor and the	What does your payment method equ School Session	ate to in <u>hourly</u> wages? Summer Session								
district clerk or	hourly maximum rate: \$ 0.00	hourly maximum rate: \$	35.00							
	hourly minimum rate: \$ 0.00	hourly minimum rate: \$	25.00							
business manager.	nously infinitial rate. \$ 2.50	nouny minimum rate. 3								
	Save Year End Report Back									



TE06 Year-End Report – Budget and Enrollment Data

TE Program TE Program (cont.) Vehicles TE Teachels Budget E irollmen	nt Confirmation
H. 18 students completing the district traffic education program during this reporting pe	eriod.
I. List below all current fiscal year operational costs incurred including salaries for your traffic educa	ation programs. REGARDLESS OF THE FUNDING SOURCE.
Description of Traffic Education Program Expenditures	Amount
1. Gross Salaries	3812.58
2. Employer's contribution for employee's social security, retirement	291.66
3. Other employee benefits	429.80
4. If vehicle is school-owned, you may calculate the yearly cost based on the current federal per-mile rate or enter actual expenses.	0.00
If vehicle is leased, calculate costs based on actual expenses for lease, fuel, maintenance and installations.	300.00
6. Vehicle insurance premiums	600.00
7. Instructional equipment (computers, etc.)	0.00
8. Rental fees for video, equipment, etc.	0.00
9. Textbooks and supplies	1100.00
10. Instructor professional development, training, and/or conference attendance.	0.00
11.	0.00
12.	0.00
13.	0.00
14.	0.00
15.	0.00
Recalculate Costs	
J. TOTAL COST INCURRED (add lines I(1) through I(15)): \$ 6534.04 K. AVERAGE COST PER PUPIL (Line J, Total Cost is divided by Line H, Number of Students): \$ 363	TE Program TE Program (cont.) Vehicles TE Teachers Budget Enrollment Confirmation
Save Year End Report Back	Check box for YES Indicate the number of eligible students, within the district boundaries, who desired to take to the addition and who were not able to do so because of:
Print Year End Report	1. Insufficient classes:
	2. Scheduling conflicts: 0
	3. Other: 0 List Reason:
The TE06 can be submitted anytime	4. How does your district prioritize enrollment of students when you are unable to take all students who wish to enroll?
after the LAST traffic education course	a. First Come b. Oldest First Served
	c. Other
completes for the fiscal year ending	Save Year End Report Back
June 30.	Print Year End Report
Julie 30.	

TE06 Year-End Report – Confirmation



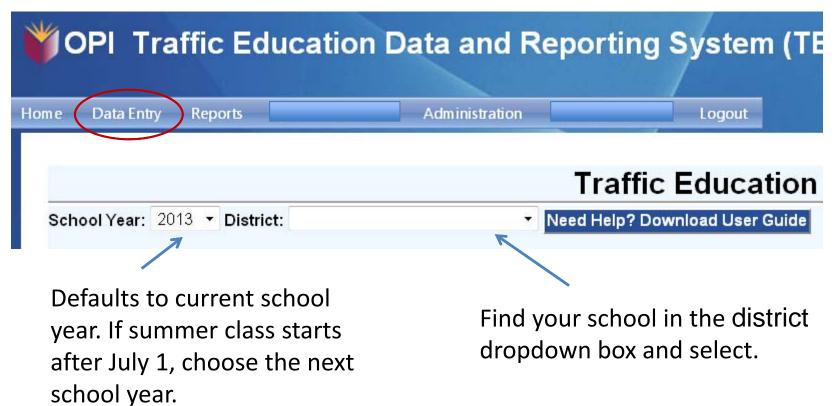
The TE06 must be confirmed to submit to the OPI for TE reimbursement. Review for data completion before checking the box to confirm.

DUE BEFORE JULY 10.



GETTING STARTED

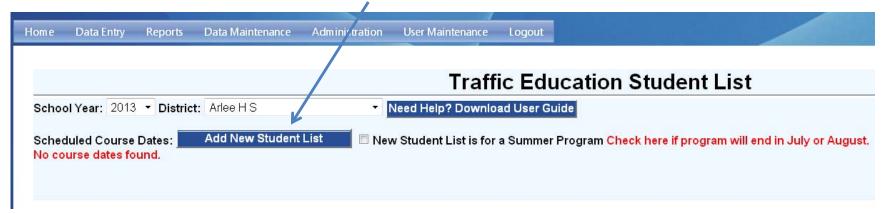
Click Data Entry and select Student List





Add New Student List

Click on the Add New Student List button to start



- If the Student List is for a Summer course ending in July or August, check the box "New Student List is for a Summer Program"
- If you are unable to add a new Student List, your TE program may not be approved for this school year.
 Go to http://opi.mt.gov/Programs/DriverEd and click on School Program Schedule to check your TE program status.



Enter Start and Completion Dates

Home	Data Entry	Reports	Data Maintenance	Administration	User Maintenance	Logout
					Traff	ic Educatio
Schoo	ol Year: 201	3 ▼ District:	Arlee H S	¥ [Need Help? Downlo	ad User Guide
	duled Course		Add New Student	List V Nev	v Student List is for	a Summer Program
	urse dates f	2.010.010.00 		W451 000 0	204 3090	V-
Cour	se Start Date	e: 07/02/2012	Schedule	ed Course Compl	etion Date: 08/25/20	112
Sav	e Back					

Enter the **course start date** and the **scheduled course completion date.**Click **SAVE** then **BACK**.



Select Student List

Ready to enter data!



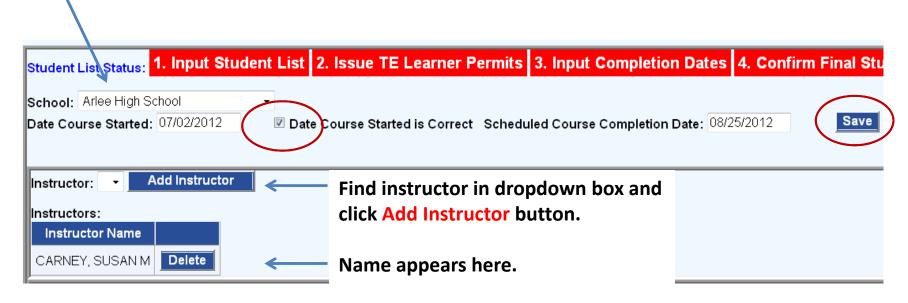
This is your school's Student List "home" screen. Click SELECT to open the Student List.



Step 1: Input Student List

School Name, Start Date, Instructor(s) Name

Select school and verify **Date Course Started** is correct. Check box. Click **SAVE**.



Select teacher(s) and click the ADD INSTRUCTOR button.



Step 1: Input Student List

Select Students using AIM List

Now you are ready to import or enter the students enrolled in the class.

Date Student List Initially Subn	nitted: Date Student List Last Changed:	
Import AIM Students	Add New Student Filter by Last Name:	Apply Student Filter
Students:	Birthdate No Later Than: 2/25/1998	
No students found	Birthdate No Eater Man. 2/20/1000	

- To Import AIM Students, click on the button to select students enrolled in the district. All students of eligible age in your district will be listed. Click SELECT to add the student. The Student List will alphabetize automatically.
- To search, type the first 1 3 letters of a student's last name in the *Filter* by Last Name field and click Apply Filter.
- You can sort the AIM list by Last Name rather than grade.

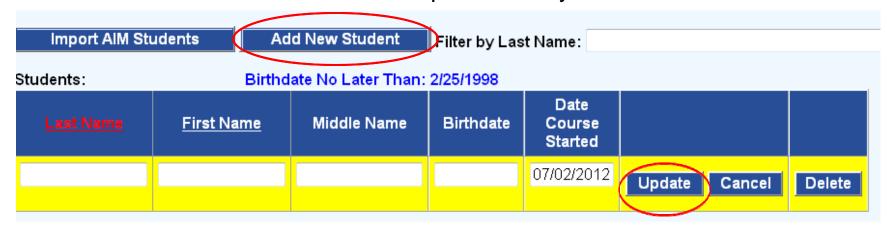


Step 1: Input Student List

Add Students Manually

Students not on the AIM list can be entered manually.

Click the Add New Student button to open the entry screen shown below.



- Refer to the Birthdate-No-Later-Than date for the student's age eligibility.
- Students must be age 14.5 before the scheduled completion date and to take the CDTP knowledge exam to receive their TELL permit.
- Middle Names are optional unless your Driver Examiner requires them.
- Click UPDATE to accept the entry.



Step 1: Input Student List

Check Notice of Participation for TE03 Certification

Import AIM S	tudents	Add New Student	Filter by	Last Name:					
Students:	Birtl	ndate No Later Tha	n: 2/25/1998	}					
<u>Last Name</u> <u>First Nam</u>		Middle Name	Birthdate	Date Course Started			Names and birth dates		
Rankin	Rankin Jeannette		06/11/1980	07/02/2012	Edit	Delete	can be edited for accuracy.		
Toole	Kenneth	Ross	08/08/1980	07/02/2012	Edit	Delete	,		
	tandards outlined	certify that the stud by the Superinten	dent of Pub		n.	ng in our di	strict's state-approved		

When the list is done, enter your name, title, and phone number, and check the **Notice of Participation** box.

Click SAVE at the bottom of the screen. You are done with Step 1!



Step 2: Issue TE Learner Licenses

Enter TEP and/or TELL Dates

Only those districts with CDTP* certification can administer the TELL test and issue permits.

Date Student List Initially Submitted: Date Student List Last Changed:									
Import AIM Students Add New Studen			Filter by	Last Name:			Apply Stude	ent Filte	r CI
Students: Knowledge option	e: f this is a CDTP Pr	TELL Iss ogram.	ue Date:		Assign Dat	e(s) to ALL Students	B	thdate No L	
<u>Last Name</u>	First Name	Middle Name	Birthdate	Date Course Started	TEP Issue Date	TELL Issue Date	Waive Test Knowledge		
Rankin	Jeannette	Pickering	06/11/1980	07/02/2012			No	Edit	Delete
Toole	Kenneth	Ross	08/08/1980	07/02/2012			No	Edit	Delete

Enter the date(s) the TEP and/or the TELL were issued.

Click Assign Date(s) to ALL Students.

* CDTP: Cooperative Driver Testing Program



TE04 Student List (after TEP or TELL)

NEW STUDENT LIST SUBMITTED WITH NOTICE OF PARTICIPATION

Page 1

District Name:

Arlee H S

Name of Person Completing Form:

Daytime Phone:

Title: Instructor

MONTANA OFFICE OF PUBLIC INSTRUCTION

TE04 STUDENT LIST

For Traffic Education Programs

July 1, 2012 to June 30, 2013

ATTENTION:

Submit TE04 STUDENT LIST
with the
TE03 CERTIFICATION
to Driver's License
Examiner and OPI

Teacher(s):

CARNEY, SUSAN M.

	SECTION A	ķ.		GI	DL	SECTION B	SECTION C			ION C	
	Name of Students Participating	Birthdate	Date Course	Issue Date Traffic	Issue Date TE Learner's	Date Course -	Students Comple				ıg
	Name of Students Farticipating	Birtifuate	Started	Education	License		Successful			Waive Test	
			- Ctartou	Permit (TEP)	(TELL)		Yes	No	> 50 %	Knowledge	Driving
1	Adams, Alexandra Marie	05/27/1997	08/12/2012	08/20/2012	08/22/2012					\square	
2	BigSam, Patrick Allen	12/03/1997	08/12/2012	08/20/2012	08/22/2012					$\overline{\checkmark}$	
3	Burnett, Melody Lynn	02/04/1998	08/12/2012	08/20/2012	08/22/2012					V	

Completion Date and Successful columns are blank. Waive Knowledge Test column is completed.



Step 2: Issue TE Learner Permits

Certify Permits Issued and Print Student List for Driver Examiner or County Treasurer

<u>Last Name</u>	<u>First Name</u>	Middle Name	Birthdate	Course Started	TEP Issue Date	TELL Issue Date	Waive Test Knowledge		
Rankin	Jeannette	Pickering	06/11/1980	07/02/2012	07/02/2012	08/01/2012	Yes	Edit	Delete
Toole	Kenneth	Ross	08/08/1980	07/02/2012	07/02/2012	08/01/2012	Yes	Edit	Delete
	tandards outline Name): Susan	d by the Superinter	ndent of Pub		n.	Title: Inst	oroved traffic education p		n that is esta aytime Phon
							date(s) specified on TE04 ne Department of Justice.		nt List above
Entered By (First Date Certified:	Name): Susan		(Last N	ame): Carne	у	Title: Inst	tructor	Da	aytime Phon

Verify that information is correct. Edit individual students as needed. Check TEP/TELL box and click SAVE. You are done with Step 2!



Step 2: Issue TE Learner License

Districts with CDTP* certification can administer the TELL test and issue permits. They can also print the CDTP Road Test Forms (added 2014).

Click the Print TELL Permits under the Certification sections

* CDTP: Cooperative Driver Testing Program

	Traffic Education Learner	s License
Motor Vehicle Division	(TELL) Permit	
Date: 08/01/2012	Driver License Number:	_8
Name: Jeannette Pickering Ran	nkin	
Address:		
City:	State:	Zip:
Restrictions:		License: Class D
DOB: <u>06/11/1980</u>	Sex: Wt Ht	Hair:Eyes:
Applicant's Signature:		
	nse (TELL): Good for the operation of a Ci- t or driver education instructor occupying the	
The TELL is valid for 1 year from	the date the knowlege test was passed.	Exp. Date: 08/01/2013
Examiner /	Station /	Date: 00/01/2013
Instructor:	School: Arlee High Scho	ol Date:
merters injustrated of Justice	State of Montana	
(C) MVD	Traffic Education Learner's	s License
Motor Vehicle Division	(TELL) Permit	
safety a officiency a dependentifity		
Date: 08/01/2012	Driver License Number:	
Name: Kenneth Ross Toole		
Address:		
City:	State:	Zlp:
Restrictions:		License: Class D
DOB: _08/08/1980	Sex: Wt: Ht	Hair:Eyes:
Applicant's Signature:		
Traffic Education Learner's Licer	nse (TELL): Good for the operation of a Cia t or driver education instructor occupying the	
	the date the knowlege test was passed.	Exp.
7000	SECTION OF THE PROPERTY OF THE	Date: 08/01/2013
Examiner /	Station /	



Print TELL Permits

Print CDTP Road Test Forms

Traffic Education Learner License

	Vehicle Division) o n	Traffi	State of M c Education L (TELL) F	earner's	License
Date: _	09/03/2014	Name:				
Address	s:					
City:			Sta	te:	Zip: _	
Restrict	ions:					License: Class D
DOB:	07/21/1999	Sex	c:	Weight:	Ht:	Eyes:
Traffic Ed driver educ with 10 ho	cation instructor occup urs at night and no ald m station. Schedule y	oying the seat beside cohol, drug or traffic v our driving test at vw	the driver. <mark>S</mark> violations. Aft ww.doj.mt.gov	<mark>ix months and 50 hour</mark> er <u>02/15/2015,</u> you ma /driving or call 1-866-4:	<mark>s of supervised</mark> y apply for a Fi	anied by a licensed parent or d driving practice are required irst Year Restricted License at a e TELL is valid for one
year fro	om the date the	knowledge tes	t was pas	ssea.		
year fro	om the date the	knowledge tes	t was pas	ssea.	Expira	tion Date: <u>09/03/2015</u>
year fro			t was pas Station /	ssed.	Expira	tion Date: <u>09/03/2015</u>

The TELL is effective for one year. The date shown here is six months from the TEP date. MVD Driver Examiners can login to TEDRS and view/print all districts' Student Lists.

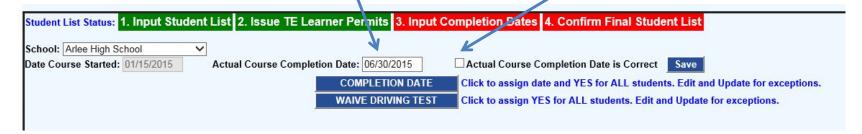


CDTP Road Test Forms

Applicant Legal Name (please print):	P.O. Box 201430 Helena, MT		3 * doj.mt.gov/driving	
Last: Toole	First: Kenne	th	Middle or Maiden:	
Driver License Number:		Date of Birth: 08/08/1920		
Applicant Signature:			Date:	
Examiner/Instructor Signature:		Examiner/Instructor Printed Name:		
	GENERAL	DRIVING BEHAVIOR		
Used brakes properly (smooth braking Proper steering (no over/under, one Understood controls General car control, good Attitude, good		F Vehicle	ent itted dangerous act e over sidewalk or lanes e over stop lines when pede to obey all traffic signs, sigr	-
TURNS 1 2 3 R Signal	TRAFFIC DRIVING Starting (from curb - signal) Stop Sign or Light Stop Line Judgment of Distance Judgment of Intersection Head Check Correct Lane Attention (signs - signals) Stalls Motor Use of Clutch Right of Way, Ped. Veh. Attention to Driving Shifting Ability Use of Horn	Parallel Parking: Backing: Driving Test Score Examiner Successful 8 Uns Restrictions:	uccessful 9	COMMENTS
	s of Completion	Print TELL P	ermits	Print CDTP Road

Step 3: Input Completion Dates

If the **Course Completion Date** has changed, enter final date and verify by clicking box and then **SAVE**.

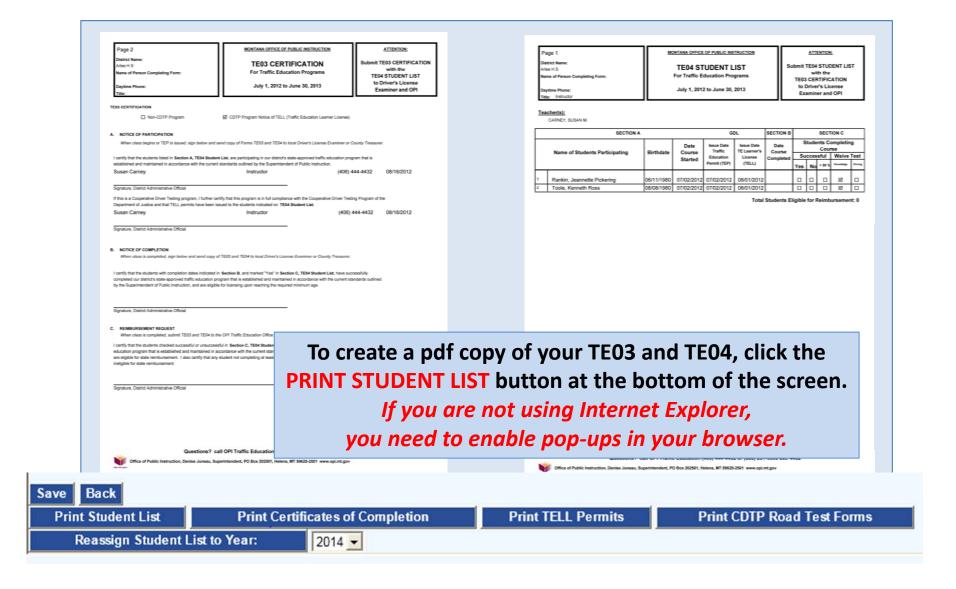


- Then, click the **Completion Date** button to automatically enter the date into the form's **Date of Completion** column.
- If you give the CDTP Road Test, click the Waive Driving Test button.
- Edit any students you will not waive on the form.
- Remember, the Driver Examiner will retest about 10% of the students on this form as a way to monitor the CDTP. So, a student you waive may be required to retake the driving test.



TE03/04 Certification & Student List

Ready for Driver Examiner or County Treasurer



Step 3: Edit Individual Students

Finalize Student List showing Student Progress

Date Course Started	TEP Issue Date	TELL Issue Date	Waive Test Knowledge		Successful Completion	More Than 50%	Waive Test Driving	
07/02/2012	07/02/2012	08/01/2012	Yes	08/25/2012	Yes	Yes	No	Edit
07/02/2012	07/02/2012	08/01/2012	V	08/25/2012	YesNo	▽		Upc
When	done editing	If a student Knowledg uncheck ti	fails the ge Test, his box.	If a student has a different completion date, change it here.	If a student did not successfully complete the course, click No.	e	If a stu passes Drivi Test, cl this b	the ng heck

If a student dropped the course before they could complete 50% of the classroom instruction and 50% of the drives, uncheck the More Than 50% box.



Step 4: Confirm Final Student List

Check the last two certifications to finalize the list

District Authorized Representative (AR) needs	ed for this approval.		
NOTICE OF COMPLETION. I certify that the program that is established and maintained in minimum age.			
Entered By (First Name): Charles M	(Last Name): Russell	Title: Principal	Daytime Phone: (406
Date Certified: 8/17/2012			
District Authorized Representative (AR) needed REIMBURSEMENT REQUEST. I certify that established and maintained in accordance with completing at least 50 percent of the class, an Total Student Count: 2	It the students checked successful or unsuccessful or unsucces	rintendent of Public Instruction and are	
Entered By (First Name): Charles M	(Last Name): Russell	Title: Principal	Daytime Phone: (406
Date Certified: 8/17/2012			,

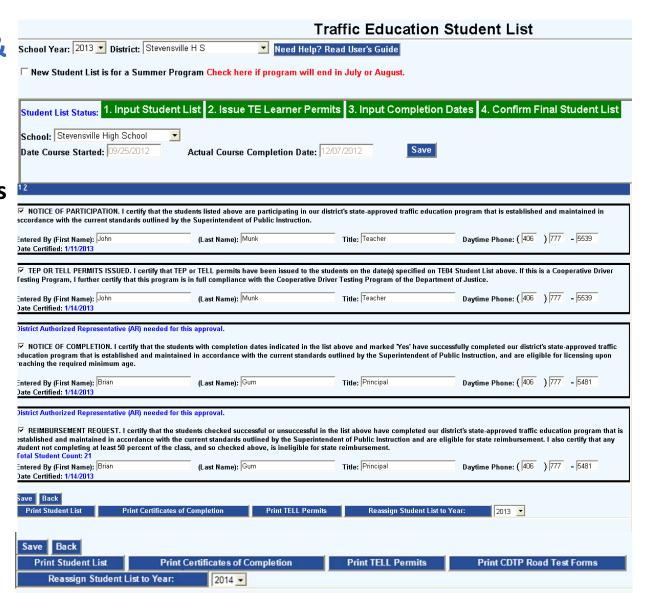
- When all the student data is updated and final, check the **Notice of Completion** and **Reimbursement Request**, electronically sign the certification and click **SAVE**. *You're done with Step 4!*
- You can now print the form for the Driver Examiner or County Treasurer.
 AND
- You can print Certificates of Completion for the students.



All certifications are checked and the form is saved. Print for the driver examiner or county treasurer.
Always submit TE03 and TE04 together.

Do not mail Student Lists to OPI. When all certifications are checked, it has been submitted via TEDRS.

Next page shows the printed form.





TE03 Certification

CDTP Program Notice of TELL

Notice of Participation

TEP and/or TELL permits issued

Notice of Completion

The OPI accepts electronic signatures on the TE03

Page 2
District Name:
Great Falls H S
Name of Person Completing Form:

orrie Mayer Davtime Phone: (406) 268-6015

Title: Administrative Assistant

MONTANA OFFICE OF PUBLIC INSTRUCTION

TE03 CERTIFICATION

For Traffic Education Programs

July 1, 2011 to June 30, 2012

ATTENTION:

Submit TE03 CERTIFICATION with the TE04 STUDENT LIST to Driver's License Examiner and OPI

TE03 CERTIFICATION

□ Non-CDTP Program

☑ CDTP Program Notice of TELL (Traffic Education Learner License)

NOTICE OF PARTICIPATION

When class begins or TEP is issued, sign below and send copy of Forms TE03 and TE04 to local Driver's License Examiner or County Treasurer.

I certify that the students listed in Section A, TE04 Student List, are participating in our district's state-approved traffic education program that is established and maintained in accordance with the current standards outlined by the Superintendent of Public Instruction.

Lorrie Mayer Administrative Assistant (406) 268-6015 03/22/2012

Signature, District Administrative Official

If this is a Cooperative Driver Testing program, I further certify that this program is in full compliance with the Cooperative Driver Testing Program of the Department of Justice and that TELL permits have been issued to the students indicated on TE04 Student List.

Lorrie Mayer Administrative Assistant (406) 268-6015 04/10/2012

Signature, District Administrative Official

B. NOTICE OF COMPLETION

When class is completed, sign below and send copy of TE03 and TE04 to local Driver's License Examiner or County Treasurer.

I certify that the students with completion dates indicated in Section B, and marked "Yes" in Section C, TE04 Student List, have successfully completed our district's state-approved traffic education program that is established and maintained in accordance with the current standards outlined by the Superintendent of Public Instruction, and are eligible for licensing upon reaching the required minimum age.

Lorrie Mayer Administrative Assistant (406) 268-6015 04/10/2012



Print Certificates of Completion







GDL First-Year Restricted License

Seatbelts required – for everyone – all the time

Passengers –

First 6 months – only one Second 6 months – up to 3

Best Practices:

No passengers

Night restrictions

11:00 PM - 5:00 AM

Best Practices:

The real risk is darkness

Parents are the Key to Teen Driver Safety







Highest lifetime crash risk is in the first year of independent driving.

Lowest risk is when driving with your parent or guardian.





Graduated Driver Licensing Parent/Legal Guardian Certification

P.O. Box 201430 Helena, MT 59620-1430 • Phone (406) 444-3933 • Fax (406) 444-1631 • doj.mt.gov/driving

Instructions: Parent/Legal Guardian - complete this form and submit it to the Driver Examination Station **after** the applicant, who is under 18 years of age, has completed the minimum six-month period for holding an instruction permit, traffic education learner license, or traffic education permit.

Full Legal Name of Minor Applicant:	Date of Birth:
I certify, under penalty of law, that as the parent or legal g applicant: • has completed 50 hours of supervised driving ex • has not been convicted of a traffic violation or co- alcohol or drugs during the six-month period imm • has no pending traffic alcohol or drug citations.	perience, 10 of which were at night; principle or adjudicated for any offenses involving
Thas no pending traine alcohor or drug eleations.	
Parent or Legal Guardian Signature	Parent/L. Guardian Driver License No.
	Parent/L. Guardian Driver License No



Getting your first MT driver's license





You may need to make an appointment. Check this website to see if the driver exam station requires appointments:

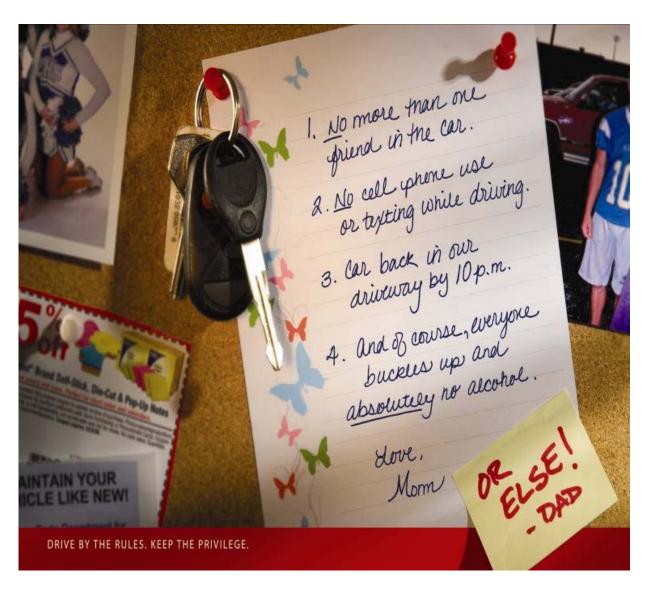
https://doj.mt.gov/driving/appointment-scheduling Bring:

- ☐ CERTIFIED BIRTH CERTIFICATE (not a copy)
- SOCIAL SECURITY CARD* (not a copy)
- Cancelled mail showing your name and mailing address (can't be a post office box)
- ☐ Parent/legal guardian to sign consent
- □ Driving practice GDL log

^{*} Name and birth date registered with the Social Security Administration must match name and date on driver's license application.



GDL First-Year Restricted License







Thank you for submitting your Student List and Certifications via the OPI's TRAFFIC EDUCATION DATA AND REPORTING SYSTEM (TEDRS)!

Questions – call OPI-Traffic Education (406) 444-4432

